

DEPARTMENT OF HEALTH & SOCIAL SERVICES  
Behavioral Health Services Division



**FEBRUARY 21, 2023**  
**VIRTUAL MEETING MINUTES**

**4:30 – 6:00 PM**  
**MENTAL HEALTH ADVISORY BOARD**

**Mental Health Advisory Board Members:** Supervisor Monica Brown (late), Denise Coleman, Daniel Cotton, Rachelle Jackson, Chair, Heather Theaux-Venezio (late) and Michael Wright.

**Behavioral Health Services Division Members:** Emery Cowan, Behavioral Health Director and Leticia De La Cruz Salas, Behavioral Health Services Administrator.

**DISCUSSION & ACTION ITEMS**

1) CALL TO ORDER/ROLL CALL

The Mental Health Advisory Board was called to order by Rachelle Jackson at 4:31 pm. A quorum was attained.

2) ITEMS FROM THE PUBLIC

There were no items from the public on matters not listed on the agenda.

3) APPROVAL OF JANUARY 17, 2023 MINUTES

Rachelle Jackson motioned to approve the January 17, 2023 Minutes. The motion was properly moved, seconded and passed with a unanimous vote of 3 in favor and 0 against. Rachelle Jackson abstained from voting since she did not attend the January 17, 2023 meeting.

4) APPROVAL OF FEBRUARY 21, 2023 AGENDA

Rachelle Jackson motioned to approve the February 21, 2023 Agenda. The motion was properly moved, seconded and pass with a unanimous vote of 4 in favor and 0 against.

5) BEHAVIORAL HEALTH REPORT

Please refer to attached Behavioral Health Report.

6) MENTAL HEALTH SERVICES ACT (MHSA) REPORT

Tracy Lacey provided updates related to suicide and overdose rates, May is Mental Health planning, MHSA Annual Public Hearing meeting and community based mobile crisis.

7) UPDATES

a) LPS/PES MEETING

Need to work with law enforcement on how to address violent patients in the emergency departments that pose dangerous situations for staff. Several incidents have occurred and need to have discussions and procedures in place to reduce these incidences.

b) LEGISLATION

Talked briefly about AB977 and AB40.

c) RECRUITMENT - MEMBERSHIP COMMITTEE

MHAB membership applicants from the January 2023 need to be approved by the Board of Supervisors and are currently set to be on the April 11, 2023 agenda.

8) NEW BUSINESS

a) CARE COURT PRESENTATION 3/21/23 @ 5PM

Monica Brown wanted to remind everyone that Care Court presentation will be taking place at the March meeting at 5:00 pm.

b) STATEWIDE PEER PROGRAM

Monica Brown asked if the MHAB wanted to send a letter on behalf of BOS or MHAB in support of Statewide Peer Program.

c) BROWN ACT TELECONFERENCING RULES

Courtesy reminder that MHAB will reconvene to in-person starting in March 2023 as the emergency order expires February 2023.

9) PUBLIC COMMENT

There were no items from the public on matters listed on the agenda.

10) MHAB BOARD DISCUSSIONS

MHAB discussed mental health and substance use trends in the community and across the USA.

11) ADJOURN

The Mental Health Advisory Board will reconvene on March 21, 2023 4:30 P.M., Multi-Purpose Room, 2101 Courage Drive, Fairfield, CA 94533.

DEPARTMENT OF HEALTH & SOCIAL SERVICES  
Behavioral Health Services Division

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SOLANO  
COUNTY

EMERY COWAN, LPCC  
Chief Deputy, Behavioral Health Director  
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## Memorandum

To: Local Behavioral Health Advisory Boards (MHAB/ADAB)  
From: Emery Cowan, LPCC, LMHC- Chief Deputy, BH Director  
Date: February 8, 2023  
RE: Monthly report of significant issues

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*This report is shared across advisory boards on a monthly or at least quarterly frequency. Any questions can be sent to [ecowan@solanocounty.com](mailto:ecowan@solanocounty.com)*

**BH Workplan for FY23-24:** Attached is the final workplan infographic. Listed below are the areas of focus for the upcoming year related to internal/client needs, local and state mandates. It's not an all-inclusive list of what's important but rather a highlight on the highest needs/gaps in our system:

- Staffing: recruitment, retention, redoing classifications/salaries, internships, training focus
- Mobile Crisis Operations and Expansion
- Administrative coordination and improvements (relationships with Departments to understand our needs as well as county/City partners)
- Housing and Homeless services expansion (street medicine team, outreach, landlords, etc.)
- Expanding services in the Adult Outpatient clinics (includes forensic population needs and other impacts)
- Children's Crisis Continuum like residential, respite, and crisis stabilization
- SUD infrastructure and continuum, and use of opioid settlement funds
- Peer Support- services and peer recruitment, including specialization.
- CalAIM implementation and requirements like data exchange, payment reform, bh integration.

**Workforce Crisis-** BH continues to have 44 current vacancies as of 2/8/23. We continue to have two critical leadership vacancies: our Adult Administrator and the Deputy Director position; the other critical vacancies continue to be in direct services. We need HR help in updating classifications and salaries to ensure there is parity with competitors and growing demand. We ask that our boards share our openings via the job posting link: <https://jobapscloud.com/solano/> .

**Mobile Crisis Team-** The Pacific Clinics team is still on diversion due to staffing challenges. They have had a few potential hires and we continue to support them in whatever they need to reactivate the team including adding incentive pay and other recruitment bonuses. A new BH Information Notice [draft](#) has been shared by the state that will require all counties to have dedicated mobile crisis teams with specific requirements.

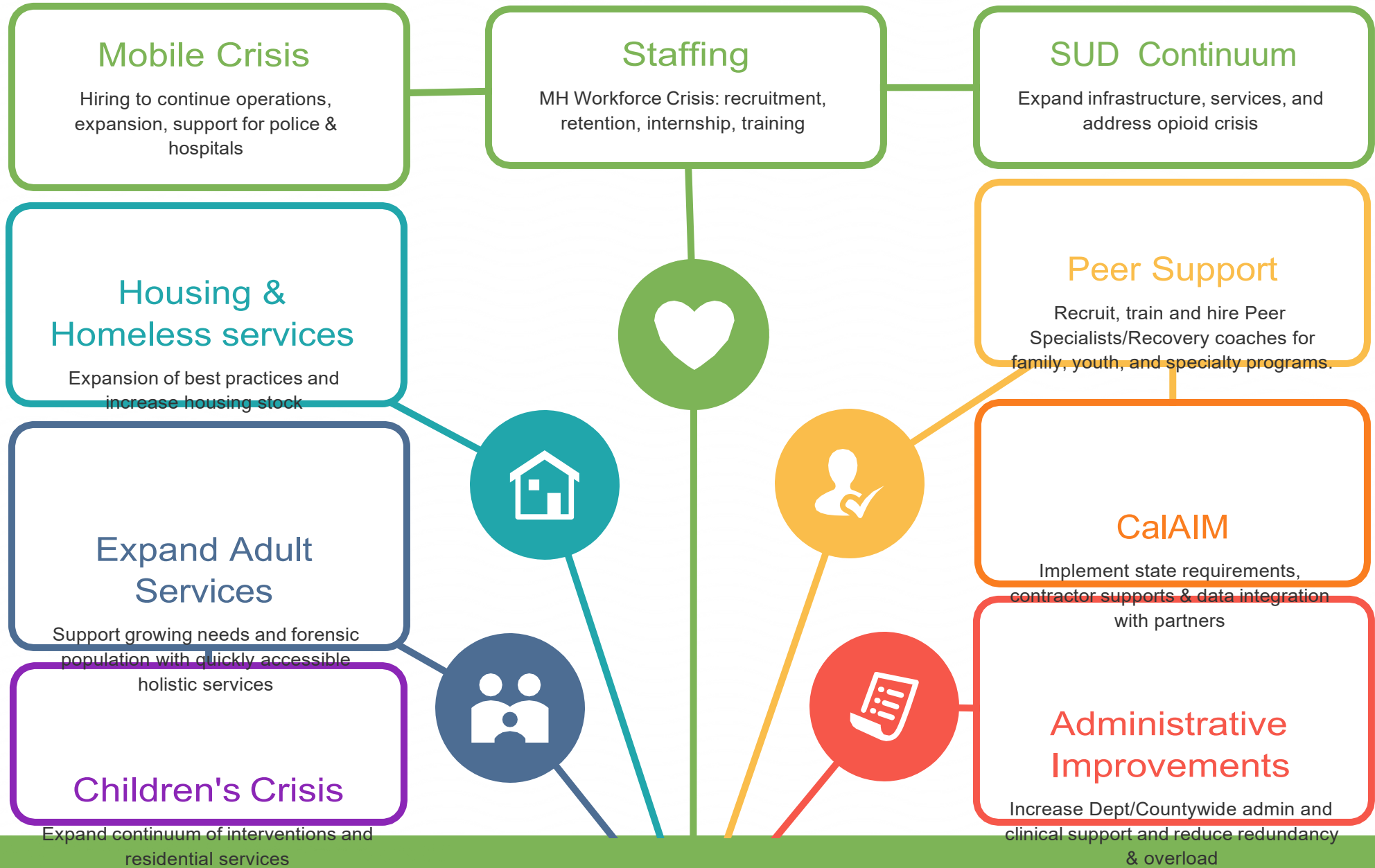
- Law Enforcement updates: There have been no new updates on the Vallejo IHART team. Fairfield and Vacaville PD contacting us requesting the service; considering if they need to do their own version in the interim.

**Solano House, Beck MH Facility Updates-** The vendor is pending the site visit from the state Community Care Licensing ([CCL](#)) team; all staff have been hired and all documents have been submitted and pending the final walk through needed to begin services. The BH team is working with the vendor, Y3C, on processes and policies.

**Newsletter-** You can review past and current issues [here](#) and anyone in the community can go to our website and sign up to get future emails <https://www.solanocounty.com/depts/bh/default.asp>. Contractors who have MH/SUD related news, events, & trainings that they'd like to be shared, can contact us at [bhinfo@solanocounty.com](mailto:bhinfo@solanocounty.com)

**Forensic Referrals-**

January 2023 FORENSIC TRIAGE TEAM Referral Breakdown			
MH Diversion	MH Court	MH Services	AOT
2	2	9	0
Total: 13			



# BH Workplan Goals



2023-2024

January 27, 2023

Mental Health Services Oversight and Accountability Commission  
Chair Mara Madrigal-Weiss  
1812 9th Street  
Sacramento, CA 95811

**CHAIRPERSON**  
Deborah Starkey

**EXECUTIVE OFFICER**  
Jenny Bayardo

Re: Recommendation for Statewide Peer Programs

Chair Mara Madrigal-Weiss:

The California Behavioral Health Planning Council (Council), pursuant to state law, serves as an advisory body to the Department of Health Care Services, Legislature, and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations are served by the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

- **Advocacy**
- **Evaluation**
- **Inclusion**

The Council's Children & Youth Workgroup is focused on one of our most vulnerable behavioral health populations - our children, teens, and transitional-aged youth. In light of the increasing behavioral health challenges young people face (stress, academic competition, parental expectation, peer pressure, bullying, negative social media, lack of self-esteem, substance use, sexual identity & activity, etc.) in addition to the isolation endured during COVID, we strongly advocate for the implementation of Student-Led Peer Counseling Programs in all Middle and High Schools in California.

The Council advocates for Student-Led Peer Counseling Programs as one of the most powerful avenues for Positive Student Mental Health for the following reasons:

1. Very low-cost or no-cost option.
2. Students will "seek out" and "listen" to their peers quicker than adults.
3. Innately diverse as it is student-led allowing any & all students to potentially be a peer support or be a student asking for help. This diversity covers gender, age, race/ethnicity/culture, sexual identity, religion & disability.
4. Reduces "stigma" & encourages young people to seek help without fear.
5. Enables long-term, sustainable outcomes as it is Student-Led with new students coming in each year.
6. Engages students who want to help their peers in a productive method.
7. Student peer counselors learn quality communication skills which opens many career options and increases post-education employability.
8. Student peer counselors create a pipeline for mental health occupations which are severely needed.

The Council's reasons for advocating for Student-Led Peer Counseling Programs were partly informed by the following data and statement:

***Born This Way Foundation-Beneson-MHSOAC Research Study 2019***

*\* 58% of students discuss their mental health with their friends.*

*\* 81% of students are interested in learning coping skills and tools to deal with the stresses of everyday life and that they would be comfortable using a variety of resources that teach skills to support mental wellness.*

**Ed Resource February 18, 2022**

*"Some (California) districts have offered peer counseling programs for decades and seen notable results, not just from the students who received help but from the peer counselors themselves."*

Although there has been movement in various schools in California, a more aggressive approach to implementing these programs is necessary. The wide-spread impact of student-led peer counseling programs will create a positive impact on millions of students in the state of California immediately. Upon research and review of multiple peer counseling programs in California, the Council would like to recommend streamlining some components of these programs in an effort to collect essential data and help school teachers and counselor simply initiate, and maintain these programs at their schools:

1. The supervisor of Student-Led Peer Counseling Programs should be appointed based on their belief and enthusiasm that students can be empowered to help themselves.
2. Supervisors should receive training through a consistent & equivalent program offered to any and all supervisors throughout the state. This training should be easy to attend (virtual) and reasonable in expense. The Council strongly recommends this training resource be assessable at one access point for all staff. This access point would ideally also serve as a hub for supervisors to exchange new and/or unique ideas that may be working in their individual districts with varying diverse student populations.



3. Any training of Supervisors should be uncomplicated but thorough enough to teach their students the following skill sets: Communication/Empathy, Active Listening, Problem Solving, Decision-Making, Peaceful Conflict Resolution, and Confidentiality.
4. Training for Student Peer Counselors would be most beneficial if taught as a curriculum course (ideally with A-G requirements to be college prep if possible).
5. Main Objectives of the programs should include One-on-One Student Support, School Presentations for issues impacting their specific school and/or Mental Health Fairs, along with Freshman/New Student Transition.
6. Fundraising or sponsoring for any monies needed for school events should be encouraged - fundraising for these limited funds promotes teamwork to reach positive goals, gives opportunities for communication and active listening skills, compromise, and builds self-esteem and confidence.
7. Implementation of simple data collection for results verification is essential. We strongly recommend a SIMPLE, short self-assessment checklist students can fill out before using program services and again at the end of the school year. It should collect basic student demographic descriptors to ensure equity across student populations and should also include mental health status. Data should be reported annually to the County Boards of Education.

In light of the recent work done by the Children and Youth Behavioral Health Initiative, we advocate for County Boards of Education and County Behavioral Health Boards to apply for the Student-Driven Programs Stage Four Grant Funding for the development of a potential state-wide peer counseling training program for students and their supervising advisory teachers and/or counselors. Stage Four Youth-Driven Program Funding is available in March 2023. We recommend immediate action for Grant Applications.

Thank you for the opportunity to share our concerns and proposal for resolution.

If you have any questions, please contact Naomi Ramirez, CBHPC Children & Youth Workgroup Coordinator at (916) 750-4606 or [Naomi.Ramirez@cbhpc.dhcs.ca.gov](mailto:Naomi.Ramirez@cbhpc.dhcs.ca.gov) on behalf of the Children and Youth Workgroup, and Christine Frey, Youth Advocate/workgroup lead.

Sincerely,



Deborah Starkey  
Chairperson

cc: Autumn Boylan, Deputy Director - Office of Strategic Partnerships at the California DHCS  
Dr. Linda Darling-Hammond, President - California Department of Education  
Theresa Comstock, Executive Director - CALBHB/C  
Alameda County Office of Education / Alameda County Behavioral Health Board  
Alpine County Office of Education / Alpine County Behavioral Health Board  
Amador County Office of Education / Amador County Behavioral Health Board  
Butte County Office of Education / Butte County Behavioral Health Board  
Calaveras County Office of Education / Calaveras County Behavioral Health Board  
Colusa County Office of Education / Colusa County Behavioral Health Board  
Contra Costa County Office of Education / Contra Costa County Behavioral Health Board  
Del Norte County Office of Education / Del Norte County Behavioral Health Board  
El Dorado County Office of Education / El Dorado County Behavioral Health Board  
Fresno County Office of Education / Fresno County Behavioral Health Board  
Glenn County Office of Education / Glenn County Behavioral Health Board  
Humboldt County Office of Education / Humboldt County Behavioral Health Board  
Imperial County Office of Education / Imperial County Behavioral Health Board

Inyo County Office of Education / Inyo County Behavioral Health Board  
Kern County Office of Education / Kern County Behavioral Health Board  
Kings County Office of Education / Kings County Behavioral Health Board  
Lake County Office of Education / Lake County Behavioral Health Board  
Lassen County Office of Education / Lassen County Behavioral Health Board  
Los Angeles County Office of Education / Los Angeles County Behavioral Health Board  
Madera County Superintendent of Schools / Madera County Behavioral Health Board  
Marin County Office of Education / Marin County Behavioral Health Board  
Mariposa County Office of Education / Mariposa County Behavioral Health Board  
Mendocino County Office of Education / Mendocino County Behavioral Health Board  
Merced County Office of Education / Merced County Behavioral Health Board  
Modoc County Office of Education / Modoc County Behavioral Health Board  
Mono County Office of Education / Mono County Behavioral Health Board  
Monterey County Office of Education / Monterey County Behavioral Health Board  
Napa County Office of Education / Napa County Behavioral Health Board  
Nevada County Office of Education / Nevada County Behavioral Health Board  
Orange County Department of Education / Orange County Behavioral Health Board  
Placer County Office of Education / Placer County Behavioral Health Board  
Plumas County Office of Education / Plumas County Behavioral Health Board  
Riverside County Office of Education / Riverside County Behavioral Health Board  
Sacramento County Office of Education / Sacramento County Behavioral Health Board  
Sacramento Youth Behavioral Health Advisory Board  
San Benito County Office of Education / San Benito County Behavioral Health Board

San Bernardino County Office of Education / San Bernardino  
County Behavioral Health  
San Diego County Office of Education / San Diego County  
Behavioral Health Board  
San Francisco County Office of Education / San Francisco County  
Behavioral Health  
San Joaquin County Office of Education / San Joaquin County  
Behavioral Health Board  
San Luis Obispo County Office of Education / San Luis Obispo  
County Behavioral Health San Mateo County Office of Education /  
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Tehama County Department of Education / Tehama County  
Behavioral Health Board  
Trinity County Office of Education / Trinity County Behavioral Health  
Board  
Tulare County Office of Education / Tulare County Behavioral Health  
Board  
Tuolumne County Superintendent of Schools / Tuolumne County  
Behavioral Health  
Ventura County Office of Education / Ventura County Behavioral  
Health Board  
Yolo County Office of Education / Yolo County Behavioral Health  
Board  
Yuba County Office of Education / Yuba County Behavioral Health  
Board



# SOLANO COUNTY

OFFICE OF COUNTY COUNSEL

TO: All Local Legislative Bodies subject to the Ralph M. Brown Act

FROM: Office of the Solano County Counsel

DATE: February 1, 2023

RE: Brown Act Compliance in 2023: Limited Options for Remote Participation

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The simplified procedures that many bodies subject to the Ralph M. Brown Act (“Brown Act”) have relied on during the COVID-19 pandemic are set to expire on February 28, 2023. This memorandum provides updated guidance regarding remote meetings pursuant to the Brown Act after those procedures expire.

Since the beginning of the pandemic, many local legislative bodies<sup>1</sup> have been meeting remotely under authority granted by the Governor by executive order (since rescinded) and, more recently, pursuant to the simplified approach included in Assembly Bill 361 (“AB 361”). This will soon change. AB 361 applies only during a state of emergency proclaimed by the Governor. See Gov. Code § 54953(e). A local emergency proclamation is insufficient. Governor Newsom is expected to lift the state of emergency that has been in place since the early days of the COVID-19 pandemic on February 28, 2023.<sup>2</sup> When that occurs, the simplified procedures authorized by AB 361 will no longer be available.

**With the expiration of the Governor’s emergency proclamation, local legislative bodies will have to return to in-person meetings, with limited exceptions discussed in this memorandum, by March 1, 2023.** Members will have only two options for participating remotely, each of which has significant drawbacks compared to the more flexible teleconferencing options afforded by AB 361.

The first option is for members to participate remotely pursuant to the longstanding teleconference provisions of the Brown Act. A table included as **Attachment A** to this

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<sup>1</sup> The Brown Act applies to “legislative bodies,” which the Act defines as including (i) a governing body of a local agency or local body created by state or federal statute, (ii) a commission, committee, board, or other body of a local agency, whether permanent or temporary, decision-making or advisory, created by a legislative body. See Gov. Code § 54952.

<sup>2</sup> <https://www.gov.ca.gov/2022/10/17/governor-newsom-to-end-the-covid-19-state-of-emergency/>

memo outlines how to use this approach. This approach has long been disfavored and little-used because, among other things, it requires members participating remotely to list the address where they will participate on the agenda, and to accommodate the public at that location. Also, this option requires at least a quorum to be present within the geographic area covered by the legislative body, which further diminishes its practical value.

The second option is to follow the rules set forth in Assembly Bill 2449 (2022) (“AB 2449”), a recent law that amended the Brown Act to allow remote participation for “just cause” or in an “emergency circumstance.” The circumstances that qualify as “just cause” or an “emergency circumstance” are narrow. A table included as **Attachment B** to this memorandum summarizes the requirements of AB 2449. AB2449 also limits how frequently the “just cause” and “emergency circumstance” grounds can be used and imposes a number of other requirements that limit its practical value, including that at least a quorum must meet in the same location and accommodate public participation at that site. If a member joins the meeting remotely pursuant to AB 2449, then the public must also be afforded an opportunity to observe the meeting remotely and remotely address the body. If all members are physically present, then the opportunity for remote public participation is not required, though AB 2449 does not prevent a legislative body from providing the hybrid option to the public if the body so chooses.

Altogether, AB 2449 is most likely to be useful in facilitating participation by a legislative body member who falls temporarily ill or otherwise physically unable to attend meetings for a short period of time, but the new law does not provide the flexibility to meet remotely that many Brown Act bodies have relied on over the last two years. The February 28, 2023 expiration of the Governor’s emergency proclamation will require local legislative bodies to return to in-person meetings, and the exceptions that allow remote participation are of limited practical value.

**ATTACHMENT B**

<b>AB 2449 Rules (in effect through December 31, 2025) [Gov. Code § 54953(f)]</b>	
<b>Summary</b>	Can be used only in the event of “ <b>just cause</b> ” or an “ <b>emergency circumstance.</b> ” Though defined in AB 2449, these terms overlap to a degree and it will not always be clear which is more appropriate to use (which in turn, has implications due to the annual caps mentioned below).
<b>Just Cause</b>	<p>“<b>Just cause</b>” is defined as any of the following: (1) childcare or caregiving for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires remote participation; (2) a contagious illness that prevents the member from attending in person; (3) a need related to a disability not otherwise accommodated; or (4) travel while on official business of the legislative body or a state or local agency.</p> <p>Can be used for no more than <b>two meetings</b> per calendar year. Unlike the “emergency circumstance” exception, approval by the legislative body is not required.</p>
<b>Emergency Circumstance</b>	<p>An “<b>emergency circumstance</b>” is defined as a physical or family medical emergency that prevents a member from attending in person.</p> <p>There is no specific limit on the number of times an “emergency circumstance” can be used, but the annual cap described below limits its use generally. Reliance on the “emergency circumstance” ground for remote participation <b>must be specifically approved</b> by legislative body as an action item. A request can be added to an agenda at beginning of meeting if needed, and must be acted on at the beginning of the meeting.</p>
<b>Annual Caps</b>	A member cannot participate remotely for more than <b>three consecutive months or 20% of the regular meetings</b> in a calendar year (i.e. “just cause” and “emergency circumstances” combined). If the body regularly meets fewer than 10x/annually, member cannot participate remotely in more than two meetings.
<b>Notice and Agenda Requirements</b>	Affected member must <b>notify the legislative body</b> (notice to the Clerk is sufficient) of their need to appear

	<p>remotely as soon as possible, and no later than the start of the meeting, together with a “<b>general description</b>” of the grounds for remote participation. The general description need not exceed 20 words or identify any medical diagnosis or disability, or any other personal medical information that is exempt from disclosure under other laws</p> <p>The request to appear remotely pursuant to the emergency exception should be placed on the posted agenda, if possible. If insufficient time to place the request on the agenda when it is posted 72 hours prior to the meeting, the body can still take action on the request pursuant to Government Code § 54954.2(b)(4).</p> <p>Agendas <b>do not</b> need to be posted at each teleconference location.</p>
<p><b>Member and Public Participation</b></p>	<ul style="list-style-type: none"> <li>• A member attending remotely must participate through both audio and visual technology.</li> <li>• When a vote is taken, the member must disclose if someone over the age of 18 is in the same room and their relationship to that person.</li> <li>• Public participation <b>must</b> allow for either a call-in option or an internet-based service option to directly address the body in real-time during public comment.</li> <li>• Local agencies <b>do not</b> need to allow public participation at each (or any) location where members are joining remotely, but instead must “clearly advertise” how members of the public can participate on the agenda. Agencies must, however, allow for public attendance and participation at the <b>primary</b> meeting location where the quorum is present.</li> <li>• In the event the meeting broadcast is disrupted, the meeting <b>must</b> pause until it is restored.</li> </ul>
<p><b>Quorum</b></p>	<p>A quorum of the legislative body members must participate in person at a <b>single physical location</b> within the body’s territory, as identified on the agenda. The location must be open to the public and ADA compliant.</p>



## ATTACHMENT A

<b>General Brown Act Teleconferencing Requirements [Gov. Code § 54953(b)]</b>	
<b>Summary</b>	<ul style="list-style-type: none"><li>• Can be used any time, but requirements (particularly for public participation) are somewhat impractical</li></ul>
<b>Agendas</b>	<ul style="list-style-type: none"><li>• Agendas <b>must</b> be posted at each teleconference location where a legislative body member is present</li><li>• All teleconference locations must be listed on the agenda</li></ul>
<b>Public Participation</b>	<ul style="list-style-type: none"><li>• Each teleconference location <b>must</b> be accessible to the public, and the public <b>must</b> be allowed to offer comments from each location</li><li>• Additional teleconference locations may also be offered for the convenience of participants</li><li>• All teleconference locations must be ADA-compliant</li></ul>
<b>Quorum</b>	<ul style="list-style-type: none"><li>• At least a quorum of the legislative body <b>must</b> be present within the agency's territory</li></ul>